Candidate Intention Statement	Type or Print in Ink.	Date Stamp	CALIFORNIA 501
Check One: Initial Amendment (Explain	in)	CCL ERK * 14	For Official Use Only
1. Candidate Information:			
NAME OF CANDIDATE (Last, First, Middle Initial)  TANGLEPANYA  STREET ADDRESS  TESSE	DAYTIME TELEPHONE NUMBER FAX NU. (3) \$77 75 77 ( -	JMBER (optional)  STATE  E-MAIL  E-MAIL  ZIP COL	CTANGKHPANYA Ogmil.com
Board of Eduration seat City	of Rurbank CA		
Bubaly Unified School Dis	trict (Bust)	DISTRICT NUMBER, if applicable.	NON-PARTISAN PARTY:
State (Complete Part 2.)  City County Multi-County:	(Busine of Jurisdiction)	2015 (Year of Election)	
2. State Candidate Expenditure Limit State (CalPERS candidates, judges, judicial candidates, and candidates for local of  (Year of Election)  Primary/general election  (Year of Election)			
(Check one box)  I accept the voluntary expenditure ceiling for the elec	tion stated above.		
Amendment:  O I did not exceed the expenditure ceiling for the general or special run-off election.	<b>P</b> • • • • • • • • • • • • • • • • • • •	and I accept the volun	tary expenditure ceiling for
(Mark if applicable)  On, I contributed personal funds in	excess of the expenditure ceiling for the electio	n stated above.	
3. Verification:			
I certify under penalty of perjury under the laws of the S  Executed on	State of Califo Signal		

(month, day, year)

FPPC Form 501 (Jan/03)
PC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772